

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023893

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 123

Primary Registration District No. 200

Registrar's No. 1113

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in lb
5 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Springfield Baptist

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Dallas

c. CITY OR TOWN Elkland, Mo.

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
RFD

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Garlen G. Cole

4. DATE OF DEATH
Month Day Year
July, 7, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 23, 1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
10 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Grand View, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Noah T. Cole

13b. MOTHER'S MAIDEN NAME

Martha Hedrix

14. NAME OF HUSBAND OR WIFE

Bessie Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) If yes, give war or dates of service
yes WW I

17. INFORMANT

Bessie Cole Elkland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

9 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 7 63 to July 7 and last saw him alive on July 7
Death occurred at 9:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 10, 1963

23c. NAME OF CEMETERY OR CREMATORY

Charity

23d. LOCATION (City, town, or county)

Dallas County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Montgomery Funeral Home Buffalo, Mo.

25. DATE RECD. BY LOCAL REG.

7-12-63

26. REGISTRAR'S SIGNATURE

Effie G. Nelson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon H. Vicks

Licensed Embalmer No. 5083

P. O. Address Buffalo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.